SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT

Washburn, WI 54891 (715) 373-6138 Bayfield County Zoning Department P.O. Box 58

AND FEE TO:



Bayfield Co. Zoning Dept.

Date: Amount Paid: Zoning District Application No.: 546.00 -_ 200

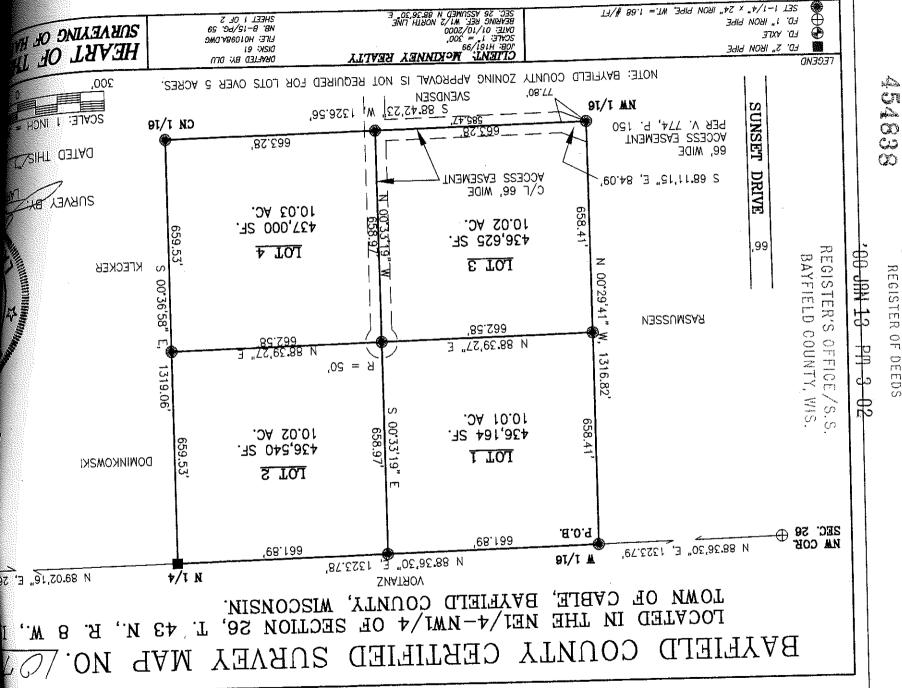
ENTED)

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Changes in plans must be approved by the Zoning Department. Address of Property 41840 N. Property Owner GREG & MARILYN Gov't Lot Legal Description LAND USE 🗖 Fair Market Value 1100,000 Is your structure in a Shoreland Zone? Telephone Use Tax Statement for Legal Description * Residence or Principal Structure (# of bedrooms) Owner or Authorized Agent (Signature) ☐ Residential Other (explain) □ Residential Accessory Building Addition (explain) ☐ Residential Accessory Building (explain) □ Residential Addition / Alteration (explain) Address to send permit. See Notice on Back (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether is used in the providing and that it will be relied upon by Bayfield County in determining whether is used in the providing and that it will be relied upon by Bayfield County in determining whether is used in the providing and that it will be relied upon by Bayfield County in determining whether is used in the providing and that it will be relied upon by Bayfield County in determining whether is used in the providing and that it will be relied upon by Bayfield County in determining whether is used in the providing and that it will be relied upon by Bayfield County in determining whether is used in the providing and that it will be relied upon by Bayfield County in determining whether is used in the providing and that it will be relied upon by Bayfield County in determining whether is used in the providing and that it will be relied upon by Bayfield County in determining whether is used in the providing and that it will be relied upon by Bayfield County in determining whether is used in the providing and that it will be relied upon by Bayfield County in determining whether is used in the providing and that it will be relied upon by Bayfield County in determining whether is acknowledge. nen Inspection Record: Permit Issued: Reason for Denial: Mitigation Plan Required: Yes D Residence w/deck-porch (# of bedrooms) esidence sq. ft. 2463 Parch sq. Condition: Residence w/attached garage (# of bedrooms) representations FAILURE TO OBTAIN A PERMIT of STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES SANITARY 🔲 280 (10 X 2 8 Deck(2) sq. ft 557-9587 (Home) 2 2463 Lot Page CABLE 662 1/4 of 26 Willsta 030 of Deeds Addition (136×44)) U.S. HWY 12818, CAMBRIDGE, WIT E H Block BONDEGARD Porch sq. ft Garage sq. ft PRIVY [] Square Footage Yes 8 9 1/4 of Section FRANZEN APPLICANT-Permit Number 54621 X 60 No. State Sanitary Number Existing_ 6 Parcel I.D. CONDITIONAL USE 2463 36 Subdivision 26 PLEASE COMPLETE REVERSE SIDE If yes. Signed (24) rate (Work) 10 Township ţ 0410 0/2 Distance from Shoreline: greater than 75' 🔲 75' to 40' 🗍 less than 40 🗍 Written Authorization Attached: Authorized Agent CREATIVE Plumber BLAKENAN PLUMBING Contractor Basement: Commercial Other (explain) ☐ Commercial Accessory Building (explain) ☐ Commercial Principal Building ☐ Mobile Home (manufactured date) ☐ Special/Conditional Use (explain) ☐ Commercial Principal Building Addition (explain) Sanitary: ☐ External improvements to Accessory Building (explain) ☐ External Improvements to Principal Building (explain) Commercial Accessory Building Addition (explain) Type of Septic/Sanitary System. setback 60 -SPECIAL USE 2-43-08-26-Scott New **⊛** Permit Denied (Date) North, Range CSM# 53523 Date of Inspection MORAN Z Existing 0 Date Variance LANDSCAPE (Phone) 608 423 4241 0 B.O.A. (If you recently purchased the property Attach a Copy of Recorded Deed) 3 BEDENOM /CONVENTIONER SANITARY PERCENT NO. 10-1155 201-West, Town of CABLE (B.O.A.) # ATTACH
Copy of Tax Statement or V 10-Number of Stories No Privy (Phone) 608 423 4241 5-26-Date of Approval 3 000 OTHER 715 ó 27-11 ŝ 40000 682 6050 City 100



(T) (A) (C)

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